

MEDICAL RECORD**Outpatient Record:
First Registration Outpatient Report**

Date Sample Obtained:

DICTATOR IDENTIFICATION:

Name:

Office Address: Bldg. Rm.

Office Telephone: (301)

NAME AND LOCATION OF SITE SAMPLE OBTAINED:

PROTOCOL IDENTIFICATION:

PURPOSE OF ENCOUNTER AND DISPOSITION:

A _____ sample for this patient was provided by _____
_____ (name of person submitting sample) for the purpose of
research. A signed protocol consent was obtained. Results of this testing, if any, will be reported in
the medical record. If results indicate no further testing, action, or follow-up is needed, there will be
no further documentation in this patient's medical record.

CLINICAL DIAGNOSES (No Abbreviations):

END OF REPORT

Sign and Date: _____

(Type Name, Degree and Institute)

Patient Identification

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P.A. 09-25-0099

File in Section 1: Summaries, Operations, History & Physical Exam